



**MONTGOMERY COUNTY STATE'S ATTORNEY'S OFFICE
COMMUNITY OUTREACH UNIT
TRUANCY PREVENTION PROGRAM
VOLUNTEER APPLICATION**

Please print clearly.

NAME: (as it appears in your driver's license)					
First		Middle Initial		Last	
PHONE: Cell Home Work			EMAIL:		
STREET ADDRESS			City State Zip Code		
How did you find us?					
AGE:		GENDER:		DATE OF BIRTH:	
		Male <input type="radio"/> Female <input type="radio"/>		Month Day Year	
RACE OR ETHNICITY:				VETERAN	
Hispanic <input type="radio"/>		Asian/Pacific Islander <input type="radio"/>		No <input type="radio"/> Yes <input type="radio"/>	
Native American <input type="radio"/>		Black or African American <input type="radio"/>			
White <input type="radio"/>		Other <input type="radio"/>			
PREFERRED POSITION * check all areas of interest		Tutor <input type="radio"/> Math <input type="radio"/> English/Literacy <input type="radio"/> *may check one or both subject areas		Mentor <input type="radio"/> Site Coordinator <input type="radio"/>	

Current Status		
<input type="radio"/> Employed	<input type="radio"/> Unemployed	<input type="radio"/> Retired <input type="radio"/> Student
Company name with position/title if applicable; Affiliation or School		
Educational Background	Schools	Degree/Year Earned
Availability: Which days of the week are you available? What time? *check all that apply		
Monday <input type="radio"/> Thursday <input type="radio"/> Tuesday <input type="radio"/> Friday <input type="radio"/> Wednesday <input type="radio"/>		

Please explain why you want to volunteer with the Truancy Prevention Program.

Describe your life experiences, profession and volunteer work which you feel will contribute positively to your volunteer role with the Truancy Prevention Program.

What would you hope to give to the middle school children served by the Truancy Prevention Program either as tutor, mentor or site coordinator?

Have you ever been convicted of a crime?

Yes ☐

No ☐

If yes, when, and please explain:

Commitment: ☐ One semester
(10 weekly meetings)

☐ More than one semester

☐ One school year
(excluding summer)

Languages spoken:

Emergency Contact Name:

Relationship:

Cell Phone:

Home Phone:

REFERENCES: Please provide contact information for three persons who have known you for at least two (2) years and well enough to vouch for your character, professionalism, work ethic. If you are employed, one of those persons must be your employer or supervisor. Reference will remain strictly confidential.

Name: Company/Affiliation: Relationship to Applicant:	Daytime Phone: Email:
Name: Company/Affiliation: Relationship to Applicant:	Daytime Phone: Email:
Name: Company/Affiliation: Relationship to Applicant:	Daytime Phone: Email:

The above information is true to the best of my knowledge. I grant permission to the State's Attorney's Office to verify any of the information provided. I also agree to fingerprinting, criminal background check, and child welfare check as necessary.

Printed Name

Signature

Date

****** Please read and sign the Volunteer Agreement at the back of this page ******

VOLUNTEER AGREEMENT:

The mission of the Truancy Prevention Program (TPP) of the State's Attorney's Office (SAO) is to improve attendance of middle school children by discovering the root causes of truancy and assisting students and their families with issues that impact attendance. Through a ten-week program operated in conjunction with Montgomery County Public Schools, and a network of volunteers who mentor the youth, the Truancy Prevention Program is a voluntary and supportive program designed to keep children in school, families out of court, and improve the overall success of students.

The students enrolled in the TPP are minors. The State's Attorney's Office asks that our volunteers adhere to the highest code of ethics. TPP volunteers are expected to maintain appropriate and professional relationship with our students at all times.

If I am accepted as a TPP volunteer, I will not:

- Divulge or discuss information about clients and truancy proceedings, or in any way violate the family or child's confidentiality;
- Contact students directly outside of the sessions or volunteer duties or engage in any personal relationship with a child or their family and unless I have express permission from program staff;
- Use inappropriate language;
- Recommend, discuss, or refer a child or family to therapy, treatment plan, family services or the like (there are Counselors and Pupil Personnel Workers in the TPP team who are better equipped to make such recommendations);
- Make promises of service, give money, personal gifts or favors, or provide transportation to students or their families.

If I am accepted as TPP volunteer, I agree to:

- Commit to at least one semester (ten weekly meetings);
- Be punctual and regular in attendance; notify supervisor(s) in advance if I cannot work as scheduled;
- Not expect compensation as a result of my volunteer work;
- Provide my own transportation to and from the school sites for the TPP sessions and/or after school tutoring program;
- Notify my supervisor(s) of my plans to resign at least 2 weeks in advance;
- Attend orientation, participate in pre-service and in-service training;
- Report suspected child abuse and neglect to the TPP Judge or supervisor(s) if I suspect this to be occurring or has occurred;
- Submit to background checks as may be required by the State's Attorney's Office.

Printed Name

Signature

Date

THANK YOU for completing this application form, and for your interest in volunteering with us.

Please return the completed form to:

Yasmine A. Eleazar, Volunteer Maryland Coordinator, State's Attorney's Office

Email address: Yasmine.Eleazar@montgomerycountymd.gov

Office address: 50 Maryland Avenue, Rockville, MD 20850

Tel. 240-777-7501